

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4				
6		4				
7		4				
8		4				
9	1					
10		1				
11		1				
12		1				
13		4				
14		4				
15		4				
16		4				
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18	1					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						